

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
JACK		Ruby	
CELL NO. F2	AGE 52 SEX M	RACE W	DATE 11-24-68 TIME 2:50 PM
COPIES FOR DISTRIBUTION	Prisoner Remarks: <u>No injuries sustained</u>		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <u>Small abrasion on left forehead, small bruise on rt. arm (medial aspect) &amp; rt forearm</u>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input checked="" type="checkbox"/> Emerg. Hosp. <input type="checkbox"/> Parkland <input type="checkbox"/>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <u>No Rx indicated</u>		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty <u>JACK</u>	Emerg. M.D. <u>Bucknory</u>	
NOTE: In the event of injury to prisoners while in jail special report must be made.			

FIRST NAME	MIDDLE NAME	LAST NAME	ARR. NO.
JACK		RUBY	
CELL NO. F2	AGE 52 SEX M	RACE W	DATE 11-24-68 TIME 6 PM
COPIES FOR DISTRIBUTION	Prisoner Remarks: <u>Rectal examination at request of DPP &amp; FBI -</u>		
1. Prisoners File <input type="checkbox"/>	Nature of Illness or Injury: <u>Adequate digital exam accomplished. NO foreign bodies present as far as 3 inches</u>		
2. Emergency Hosp. M.D. <input type="checkbox"/>	Treated in Jail <input type="checkbox"/> Emerg. Hosp. <input type="checkbox"/> Parkland <input type="checkbox"/>		
3. Dep. Chief Services <input type="checkbox"/>	Treatment and/or Recommendation by Emerg. M.D.: <u></u>		
4. Last Copy to Remain in Book <input type="checkbox"/>	Jailer On Duty <u>Shiff</u>	Emerg. M.D. <u>Bucknory</u>	
NOTE: In the event of injury to prisoners while in jail special report must be made.			